



STATE OF NEW HAMPSHIRE
DEPARTMENT OF SAFETY
DIVISION OF ADMINISTRATION
Road Toll Bureau

33 Hazen Drive
Concord, NH 03305
Tel. (603) 271-6183
TDD Access: Relay NH 1-800-735-2964

ROAD TOLL REFUND APPLICATION
FARM USE ONLY

FOR OFFICIAL USE ONLY:

CLAIM NUMBER	
CLASS NO.	NO. MOS.
APPROVED	DISALLOWED
GALS.	GALS.
\$	\$
BY	REASON NO.
DATE	

(NAME OF APPLICANT)

(STREET) (CITY/TOWN) (STATE) (ZIP CODE) (TELEPHONE NUMBER)

The above applicant has purchased and used for Farming purposes herein stated Motor Fuel on which Road Toll has been paid. All equipment using Motor Fuel must be listed on the reverse side, and total Motor Fuel consumed must be accounted for.

ORIGINAL INVOICES of all GASOLINE PURCHASES, PHOTOCOPIES OF INVOICES for all ON-ROAD DIESEL PURCHASES, bearing name & address of supplier and the NAME OF THE APPLICANT together with evidence of payment must be attached. Evidence of Payment: Each invoice must be receipted by supplier as being paid, or if payment is made by check, date of payment together with check number must appear on the invoice. No gasoline invoice shall be returned to an applicant. If there is any evidence of erasures, or changes in either dates or amounts shown on invoices or of payment of road toll, the application will be disallowed in its portion.

Motor Fuel must be ACTUALLY USED AND REFUND APPLIED FOR WITHIN TWO (2) YEARS OF THE DATE OF PURCHASE OR INVOICE OF THE MOTOR FUEL FOR WHICH THE REFUND IS CLAIMED. MINIMUM REFUND IS TEN DOLLARS (\$10.00). APPLICATIONS FOR LESS THAN TEN DOLLARS (\$10.00) WILL NOT BE ACCEPTED.

APPLICANT'S CLAIM

Fuel Used for the Period of _____ thru _____ yr. _____

	GASOLINE	UN-DYED DIESEL
1. Total gallons, as per attached invoices	Gals.	Gals.
2. Total gallons consumed ON public ways (col. 5 – line 17 – reverse side)	Gals.	Gals.
3. Total gallons consumed OFF public ways (col. 6 – line 17 – reverse side)	Gals.	Gals.
4. Amount of refund (Line 3 X .18¢)	\$	\$

TYPE OF FARMING (Check One)

Dairy ☐ Poultry ☐ Custom ☐ Orchard ☐ Truck ☐ General ☐

Location: _____
(CITY / TOWN) (STATE)

Signature of Applicant: _____
("This application is signed under penalty of unsworn falsification pursuant to RSA 641:3.")

FUEL USED FOR THE PERIOD OF _____ YR_____ THROUGH _____ YR _____

COLUMN 1	COLUMN 2	COLUMN 3	COLUMN 4	COLUMN 5	COLUMN 6
TYPE OF EQUIPMENT	MAKE	YEAR	*REG NO*** (IF ANY)	GALLONS USED ON HIGHWAY	GALLONS USED OFF HIGHWAY
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
.			17 Totals		
			18 Transfer to Claim	Line 2 (on front)	Line 3 (on front)
			19 Total Used Col. 5 + 6		
			Must equal Line 4 Stock Record		

STOCK RECORD MUST BE COMPLETED IF APPLICANT HAS STORAGE TANKS OR PURCHASES IN DRUMS

STOCK RECORD	GALLONS
1. ACTUAL INVENTORY FIRST DAY OF PERIOD	
2. TOTAL GALLONS (AS PER ATTACHED INVOICES)	
3. TOTAL GALLONS TO BE ACCOUNTED FOR (LINE 1 AND 2)	
4. TOTAL GALLONS USED (AS SHOWN ON LINE 19, COLS. 5 & 6)	
5. TOTAL GALLONS SOLD	
6. BOOK INVENTORY LAST DAY OF THE PERIOD (LINE 3 LESS LINES 4 AND 5)	
7. ACTUAL INVENTORY LAST DAY OF PERIOD (STICK READING)	
8. STOCK LOSS OR GAIN (DIFFERENCE LINES 6 & 7)	
9. TOTAL GALLONS ACCOUNTED FOR (TOTAL LINE 4, 5, 7, & 8-MUST EQUAL LINE 3)	
FOR OFFICIAL USE ONLY:	
TRUCK, TRACTOR, CAR, STATIONARY MOTORS, ETC	* LIST MOTOR VEHICLES, REGISTRATION NUMBER REGARDLESS OF TYPE. APPLICANTS MAKING PURCHASES IN CANS (2, 5, 10 GALS.) OR BY DIRECT RECEIPT INTO FUEL TANKS ARE NOT REQUIRED TO COMPLETE STOCK RECORD BUT MUST COMPLETE STOCK RECORD BUT MUST COMPLETE COLS. 1 THROUGH 6.